

FORM SUMMARY

Name of Form:	Order for Competency Examination by DHFS
Form Number:	CR-205
Statutory Reference:	§§971.14, Wisconsin Statutes
Benchbook Reference:	CR 12
Purpose of Form:	To order forensic examination of defendant in criminal case by Department of Health and Family Services (DHFS) to determine if defendant is competent to proceed and assist counsel.
Who Completes It:	Circuit Court Judge or Court Commissioner
Distribution of Form:	Original to court file, copies to district attorney, defendant/counsel, examiner/examining facility, and sheriff.
Accompanying Forms:	None.
New Form/Modification:	Modification; last update 01/01.
Modifications:	<p>Effective January 1, 2002, the Department of Health and Family Services (DHFS) is undertaking a statewide initiative to conduct competency examinations under sec. 971.14(2), outside the two state mental health institutions. The examinations will be conducted wherever the person is in custody, i.e., jail, county mental health unit, etc. If the person is out of custody, arrangements will be made by DHFS for an appropriate meeting site. Accordingly, the form has been modified to order examinations only by DHFS.</p> <p>The heading of the form includes space to add the defendant's address and telephone number for the examiner's use. The listing of crimes has been modified to include the statute numbers and date committed in the event the complaint is not attached. DHFS evaluators do request both if some of the charges are dismissed at the initial hearing. Number 3 under the finding section has been deleted.</p> <p>The order section of the form has been modified to indicate that the Department of Health & Family Services shall examine the defendant. Language has been added to allow the sheriff to transport the defendant if an inpatient examination is necessary.</p> <p>The completion date of a DHFS examination shall be no longer</p>

than 15 days, in most instances 7 days. The 30 days for outpatient examination is statutory language. A section has been added to allow a hearing date to be included in the order. The order also has language providing the examiner access to treatment records.

Language has been added to the order to address the issue of cash bail.

The signature portion of the order includes space to enter the district attorney and his/her fax and telephone number, as well as space to enter defense attorney information.

Comments:

DHFS is funding the competency evaluation program. In the event a person is unable to be examined on an outpatient basis, DHFS will continue conducting inpatient examinations at the mental health institutions on a limited basis. This change will shift the focus from DHFS routinely conducting exams on an inpatient basis to routinely conducting exams on an outpatient basis. This process will expedite the cases for persons who are incompetent to proceed, and it will also significantly reduce the transport costs to the counties. Each county should develop a procedure to effectuate this change. Questions regarding DHFS examinations should be directed to Linda Harris at (608) 267-7909 or Lynne Adolphson at (608) 267-7705.

About this form:

This form is the product of the Wisconsin Records Management Committee, a committee of the Director of State Court's Office and a mandate of the Wisconsin Judicial Conference.

If you have additional information that does not change the meaning of the form, attach it on a separate page. The form itself shall not be altered.